

CLAIMS ONLY

Application Number

16538624

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1									
2									
3									
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15			*						
16			*						
17			1						
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48									
49									
50									
Total Indep			2						
Total Depend			9						
Total Claims			11						